



SOUTH CAROLINA STATE ACCIDENT FUND

HARRY B. GREGORY, JR., Director

August 24, 2007

Mr. Les Boles, Director
State Budget and Control Board
Office of the State Budget
1201 Main Street, Suite 950
Columbia, South Carolina 29201

Dear Mr. Boles:

We appreciate the opportunity to submit a budget plan for the fiscal year 2008-2009. The State Accident Fund does not request any changes to its current proviso, any additional capital funds or additional FTEs for this period. The agency's budget request will be \$10,000 less than the 2007-2008 appropriations.

Sincerely,

Harry B. Gregory Jr.
Director

cc: Beth Campbell, Budget Analyst

FY 2008-09 COST SAVINGS & ACTIVITY PRIORITY ADDENDUM

I. PRIORITY ASSESSMENT OF ACTIVITIES – HIGHEST PRIORITIES

A. Agency Section/Code/Name: Section/Code/Name: Section 59 / R12 / State Accident Fund

B.

Priority Assessment of Activities – Highest Priorities	General	Federal	Supplemental	Capital Reserve	Other	Total	FTEs
Activity Number & Name: 1326 Workers' Compensation Insurance Services	0	0	0	0	5,679,583	\$ 5,679,583	75.4
Activity Number & Name: 1325 Administration	0	0	0	0	1,029,938	1,029,938	10.6
Activity Number & Name:	0	0	0	0	0	\$ 0	0
Activity Number & Name:	0	0	0	0	0	\$ 0	0
Activity Number & Name:	0	0	0	0	0	\$ 0	0
TOTAL OF HIGHEST PRIORITIES	\$ 0	\$ 0	\$ 0	\$ 0	\$6,709,521	\$6,709,521	86.00

FY 2008-09 ACTIVITY PRIORITY ADDENDUM

II. PRIORITY ASSESSMENT OF ACTIVITIES – LOWEST PRIORITIES

A. Agency Section/Code/Name: Section 59 / R12 / State Accident Fund

B. Agency Activity Number and Name: NA

C. Explanation of Lowest Priority Status: The agency has a very specialized mission. We have only two activities, each of which is dependent upon the other and therefore can not be independently prioritized.

D. Estimate of Savings:

Estimate of Savings:	General	Federal	Supplemental	Capital Reserve	Other	Total
Personnel:						
(a) Number of FTEs	0	0	0	0	0	0.00
(b) Personal Service	0		0	0	0	\$ 0
(c) Employer Contributions	0		0	0	0	\$ 0
Program/Case Services	0	0	0	0	0	\$ 0
Pass-Through Funds	0	0	0	0	0	\$ 0
Other Operating Expenses	0	0	0	0	0	\$ 0
Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

E. Activity Impact (*Describe the impact on the activity affected including the impact on customers and clients.*):

F.

[illegible]